



TRUSTEE AND ADVISOR ACTIVITY REPORT

for the period

Jan/Mar ___ ; Apr/Jun ___ ; Jul/Sep ___ ; Oct/Dec ___ ; 20___

NAME _____ ; DISTRICT _____

CLUB VISITS (check all that apply)

DATE	CLUB NAME	PRESENT PROGRAM	COLLECT PAST DUES	PRESENT HELEN PLAQUE	PRESENT LIFE CERT.	PRESENT CERT. OF APPREC.	OTHER (EXPLAIN BELOW)

EXPLANATION OF OTHER _____

OTHER VISITS/PRESENTATIONS (e.g., clinics, doctors, cabinet meetings, referral problems)

DATE	ORGANIZATION NAME OR FUNCTION	PURPOSE

Please mail or fax the completed form to Don Stanaway at least 10 days before each quarterly Board of Trustees meeting. Also make sure that your Lead Trustee or Advisor receives a copy.

Don Stanaway 1200 Millbrae Ave, Millbrae, CA 94030
 Fax: 650 697-7795